

Application for Credit

Date	Trade References		
Business Name	1.Firm_		
dba	Street		
Street State _ Zip	City		
CityStateZip	Telephone#	Fax#	
Phone#Fax#	Contact		
Email	Olliwor		
Billing Address if different:	2. Firm_		
Street	Street		
StreetStateZip	City	State	Zin
	Telephone#	Fax#	
Organizational Information	Contact	T dAn	
President or Owner	Contact		
Circle One:	3 Firm		
Sole Proprietorship / Partnership / Corporation	3. Firm		
Other (specify)	StreetCity	State	Zin
Yrs in business Under current ownership	Telephone#	Fax#	
Home address			
Soc. Sec. No.	Contact		
Accounts Payable Manager	Rank		
Federal Employer ID#	Bank Checking Account		
State Employer ID#	Bank address		
	Dank address		
Purchasing Information	Bank contact		
Please furnish list of authorized purchasers.	Bank contact Telephone#	Fav#	
	тегернопен	T dAn_	
	Authorization for R	Release	
	I hereby give authorization to the above companies		
Do you require a purchase order ?	to reveal requested information to TAYLOR		
Estimated monthly purchases \$	RENTAL. All information will be held in strict		
Terms: Net 30 Days	confidence.	mation will be i	ioid iii buiot
Will you be able to meet these terms? Yes No	comidence.		
	Signed		
A valid credit card is required to keep on file.	Print		Date
Credit Card # (Visa, MC, Amex, Discover)	111111		Date
Exp. Date	If you are exempt f	from sales tay	nlegge provide
CVV Code card billing address	If you are exempt from sales tax, please provide a copy of your state resale certificate.		
Name on card			
Authorized Users			

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